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\*\* CONTINUING DATA \*\*\*\*\*

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
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## TITLE

Self-aligned mask to reduce cell layout area

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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